

STATE OF MAINE

Department of Health and Welfare

Maine, Bureau of Health

Rules and Regulations
for
Control of Communicable Diseases



Effective as of January 26, 1944

Amended and Approved as of March 15, 1944



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RULES AND REGULATIONS FOR CONTROL OF COMMUNICABLE DISEASES

Maine Department of Health and Welfare

Bureau of Health

Under authority conferred by Chapter 1, Section 5, P. L. 1933 the Rules and Regulations for the Control of Communicable Diseases, adopted by the Advisory Council of Health and Welfare and approved May 25, 1943, amended January 26, 1944, are further amended as of March 15, 1944, so that the said regulations as amended shall read:

Regulation 1. Definitions. Unless specifically provided herein, the following words and terms used in these rules and regulations are defined for the purpose thereof as follows:

- (1) (a) A "communicable" disease is any disease that can be contracted directly or indirectly from another person. All diseases called "infectious" and/or "contagious" are "communicable". Wherever the word "infectious" or the word "contagious" appears in these regulations, it means "communicable".
(b) The terms "venereal" and "venereal disease" for the purposes of these regulations shall mean any of the following infections: chancroid, gonorrhea, granuloma inguinale, lympho-granuloma venereum and syphilis.
- (2) The word "town" means and includes city, town, or organized plantation.
- (3) The term "local health officer" means the executive health officer appointed by the municipal officers as provided in Chapter 1, Section 87, P. L. 1933. Amended, Chapter 84, Sections 87, 112, P. L. 1935.
- (4) The term "householder" means and includes the parents, guardians, care-takers, or other persons who have charge of children or minors, or of the household or of a number or group of persons who dwell together, or have their lodging or board together, and to the keeper, superintendent, manager, or other person who has charge of an almshouse, work house, house of correction, jail, prison, hospital, or boarding school, camp or other institution; it also means and includes the master or other commanding officer of a ship or steamboat.

- (5) Quarantine. The word "quarantine" as used herein with reference to control of any of the diseases listed under Regulation 29 applies to limitation of freedom of movement of persons or animals who have been exposed to a case of communicable disease.
- (6) Isolation. The word "isolation" as used herein with reference to the control of any of the diseases listed under Regulation 29, means the complete separation of persons who have a communicable disease, and their attendants, from other persons, in a room or apartment screened against flies and mosquitoes when practicable, under such conditions as to prevent direct or indirect infection of susceptible persons.
- (7) Contacts. Persons intimately exposed to any case of a communicable disease listed in Regulation 2 herein are designated as contacts and shall be subject to such quarantine measures as are indicated concerning such of said diseases as are listed under Regulation 29 herein.
- (8) Disinfection. This means the destruction, by chemical or physical means, of the vitality of micro-organisms which cause disease.
- (9) Concurrent Disinfection. Concurrent disinfection means the use of disinfecting methods immediately after the discharge of infectious material from the body of an infected person, or after the soiling of articles with such discharges, before there is opportunity for any other contact with them.
- (10) Terminal Disinfection. Terminal disinfection means disinfection of everything that may have been infected by a patient, after the patient is no longer a source of infection, by reason of recovery or death or removal.

Regulation 2. Notifiable Infectious and Communicable Diseases. The following are declared to be notifiable infectious and communicable diseases: *See Chapter 1, Sections 32 and 94, P. L. 1933; Chapter 330, P. L. 1943.*

Actinomycosis

Anthrax

*Chancroid

(Infectious as long as open or discharging lesions are present.)

Chickenpox

Cholera, Asiatic

Dengue

Diphtheria (Membranous croup)

Dysentery

(a) Amebic

(b) Bacillary

Encephalitis, epidemic (Lethargic encephalitis)

German measles

Glanders

*Gonorrhea, including Ophthalmia neonatorum (Infectious and communicable as long as gonococci are present in secretions or discharges.)

*Granuloma Inguinale (Infectious as long as open or discharging lesions are present.)

Hookworm disease

Influenza (Grippe)

Keratoconjunctivitis, epidemic

Leprosy

*Lymphogranuloma venereum (Infectious as long as open lesions or discharges from buboes or rectal strictures are present.)

Malaria

Measles

Meningitis

(a) Cerebrospinal, epidemic (meningococcal)

(b) Tuberculous

Mumps

Paratyphoid fever

Plague

Pneumonia

Poliomyelitis, acute infectious (Infantile paralysis)

Psittacosis (Parrot fever)

Rabies

Rocky Mt. spotted fever (Tick fever)

Scarlet fever

Septic sore throat (Epidemic sore throat)

Smallpox

*Syphilis (Infectious when primary or secondary lesions are demonstrable; or in persons who have had the disease for not more than two years and have not had a minimum treatment of 20 injections of an arsenical and 20 injections of an insoluble bismuth preparation, or equivalent treatment so certified by attending physician; or in pregnant women who are known to have or to have had syphilis or who show evidence of the disease clinically or by serological test.)

Tetanus

Trachoma

Trichinosis

Tuberculosis, all forms (Infectious when discharges or sputum contain B. tuberculosis or open lesions are shown by x-ray examination of the chest.)

Tularemia

Typhoid fever

Typhus fever

Undulant fever

Vincent's angina

Weil's disease (Infectious jaundice)

Whooping cough

Yellow fever

Regulation 3. Lead poisoning and Occupational diseases, and those marked with a star (*) in the above list, must be reported direct to the State Bureau of Health, using the special report blanks supplied by the Bureau for that purpose.

The following diseases are notifiable diseases (Chapter 1, Section 94, P. L. 1933), but not to be considered communicable:

Botulism

Pellagra

Food poisoning

Statute References.

Physicians to Report Cases. Chapter 1, Section 100, P. L. 1933. Chapter 84, Section 8, P. L. 1935. Chapter 358, Section 37, P. L. 1943.

Householders to Report Cases. Chapter 1, Section 97, P. L. 1933. Chapter 84, Section 12, P. L. 1935.

Occupational Diseases and Lead Poisoning to be Reported. Chapter 1, Sections 45 and 46. P. L. 1933.

Regulation 4. Physicians or other attendants shall arrange for such precautionary measures, agreeable to the Department regulations, as are necessary to prevent the spread of infection to other members of the household or community.

Whenever a case of diphtheria, typhoid or paratyphoid fever, epidemic sore throat, dysentery, epidemic meningitis, poliomyelitis, tuberculosis, scarlet fever, smallpox, Vincent's angina, or a carrier of any of the above diseases, is found on any farm or in any place producing or handling for sale milk, cream, ice cream, butter, cheese, or other foods likely to be consumed raw, it shall be the duty of the physician or other attendant to put in operation the procedures outlined in Regulation 16 and report at once the case and circumstances to the local health officer.

Regulation 5. Reports to State Bureau of Health. Every local health officer shall report promptly to the State Bureau of Health upon blanks furnished by the Bureau for that purpose, and at such times and in such manner as is provided by those blanks, all cases and outbreaks of the diseases which are enumerated above as notifiable to said Bureau.

Regulation 6. Contacts and Suspects. Persons who have been exposed to an infectious or contagious disease, or who are suspected of having an infectious or contagious disease, or of being infectious or the carriers of infection, may be placed under quarantine until the period of incubation has elapsed, or until the nature of the disease has been determined, or the period of infectiousness and danger to the public has ended; and said persons shall obey all orders and shall be guided by the instructions which may be given by the local health officer, or by an official of the State Bureau of Health.

Regulation 7. When a person or a house, building or place has been put under quarantine by the local health officer, no person quarantined or persons within the quarantined area shall leave it, and no person outside shall enter it (except under the provision of Regulation 9 nor shall they do anything in disobedience of the orders of the local health officer or regulations of the State Department of Health and Welfare.

Regulation 8. Children. When the well children who remain in the same home with those who are sick under isolation, are permitted by the local health officer to play in their own yard, they shall be kept off the streets and from all places outside of their premises, and it shall be the duty of their parents, guardians, or other persons under whose charge they are, to keep said children within their own yards or on their own premises.

Whoever has custody of children, whether parents, teachers, or guardians of children in other homes or other places shall not allow the children under their charge to enter houses, premises, or yards where persons are held under quarantine nor to play with children of families which are placed under quarantine.

Regulation 9. Adults Need Not Always Be Quarantined. When a person affected with a communicable disease is properly isolated on the premises (except in cases of smallpox, plague, typhus fever, Asiatic cholera or psittacosis) the adult members of the family or household particularly the wage earners, who do not come in contact with the patient or with his secretions or excretions, unless forbidden by the local health officer, may continue their usual vocations, provided such

vocations do not bring them in close contact or association with children; and provided further that they do not go into other persons' homes or attend any public entertainments, clubs, lodges, church services, etc., without permission from the local health officer.

Regulation 10. Quarantine in Certain Emergencies. When any case of infectious disease is not or cannot be properly and suitably isolated on the premises, or cannot be removed to a hospital, it shall be the duty of the local health officer to forbid any member of the household from leaving the premises, except under such conditions as he may specify.

Regulation 11. Disregard of Quarantine Rules. In case any of the provisions herein specified for isolation or quarantine or any of the orders of a local, state or district health officer relating thereto are violated or disobeyed the local health officer may enforce isolation and quarantine, until the period of danger to public health has passed.

Regulation 12. Milkmen, Grocerymen, etc. When milkmen deliver milk to persons, houses or premises which are under quarantine they shall empty the milk into covered containers placed outside the door of said house or premises, or shall deliver the milk in containers which shall not be used again, but shall be burned as soon as they are emptied. They shall not enter such premises nor remove milk bottles, nor take anything else therefrom until the household or premises have been released from quarantine and disinfected, and the bottles have been sterilized by boiling. If bottles have been delivered, they shall not be taken from the house until the quarantine has been raised and the bottles have been sterilized in accordance with the instructions of the local health officer.

Grocerymen and other persons delivering merchandise are forbidden to enter such premises or remove packages or other articles therefrom, until such articles have first been boiled or otherwise sterilized, under the instructions of the local health officer.

Regulation 13. Infectious Books. Books or magazines which have been in infected homes or used by persons afflicted with a communicable disease shall not be again used except by permission of the local health officer.

Regulation 14. The Duty of the Owners or Persons in Charge of Dairy Farms. When no physician is in attendance, it shall be the duty of the owner or persons in charge of any farm or dairy, producing milk, cream, butter, cheese, or other food products likely to be consumed

raw, to report **immediately** to the local health officer the name and address and all facts relating to the illness and physical condition of any person who is affected with any disease presumably infectious or contagious, and who is employed or resides on or in such farm or dairy, or comes in contact in any way therewith or with its products.

Regulation 15. Special Reports to the State Bureau of Health.

It shall be the duty of the local health officer to report immediately to the State Bureau of Health the existence of any of the diseases enumerated in Regulation 16, on any farm or in any dairy producing milk, cream, butter or other dairy products for sale, together with all facts as to the isolation of such cases, and giving the names of the localities to which such dairy products are delivered.

Regulation 16. Danger of Infecting Foods. When a case of diphtheria, typhoid fever, or paratyphoid fever, or a person who is a carrier of any of these diseases, or when a case of epidemic or septic sore throat, dysentery, epidemic meningitis, poliomyelitis, tuberculosis, scarlet fever, smallpox, or Vincent's angina exists on any farm or in any dairy, producing or handling milk, cream, ice cream, butter, cheese, or other foods likely to be consumed raw, or exists in any home or other place where such foods are produced, handled, or sold, no such foods shall be sold or delivered from such farm, dairy, or other place, except under the following conditions:

- (a) That such foods are not brought into the house where such case exists.
- (b) That all persons coming in contact with such foods eat, sleep, and work wholly outside such house.
- (c) That such persons do not come in contact in any way with such house or its inmates or contents.
- (d) That said inmates are properly isolated and separated from all other parts of said farm or dairy, and efficiently cared for.
- (e) That a permit be issued by the local health officer.

Regulation 17. Household Pets. Householders and those who have the care of the sick shall not allow a cat, dog, or other pet in a room where there is a person affected with any communicable disease, and when any of said diseases are present in a house or tenement, pets shall not be allowed to visit other homes. It shall be the duty of the local health officer to enforce this rule.

Regulation 18. Disinfection. After death, removal, or recovery of a person who has been sick with any of the diseases for which isolation is required, the rooms which have been occupied by such person shall,

together with their contents, be thoroughly cleansed and disinfected. All persons who have been under isolation or quarantine regulations shall have their clothing disinfected and shall take a disinfecting bath before they are released. All disinfection prescribed in this rule shall be done to the satisfaction of the local health officer and in accordance with the directions for such work which may be given from time to time by the State Bureau of Health.

Regulation 19. Funerals. When any person has died of diphtheria, scarlet fever, poliomyelitis, bubonic plague or typhus fever, no public funeral shall be held either in any church, chapel or other public place, or in a home, until the premises where the person has been ill have been thoroughly cleansed and disinfected, and the body embalmed; and in any case the members of the immediate family and contacts, being free of disease at the time, may, by permission of the local health officer, appear at the funeral only in a room separate from the general public.

In case of death from smallpox, psittacosis or pneumonic plague there shall be no public funeral.

Regulation 20. Duty of Local Health Officers. It shall be the duty of local health officers to require that all state laws, rules and regulations of the State Department of Health and Welfare, and local health ordinances, be strictly enforced in their respective communities, subject to the direction and supervision of the State Bureau of Health.

Regulation 21. Carriers. Any person proved to be a carrier of disease germs shall be subject to such rules and regulations of the State Bureau of Health as said Bureau may deem necessary, for the protection of the public health, in each individual case.

Regulation 22. Physical Examination for Venereal Diseases Required in Various Institutions. Every superintendent, manager, or physician of any state, county or municipal institution, shall cause a thorough physical examination to be made of each inmate in their respective institutions, upon commitment.

In conducting the examination, special attention shall be given to determining the presence or absence of communicable diseases, particularly syphilis and gonorrhea, and shall include withdrawal of blood specimen for serologic test for syphilis.

- The superintendents of all state-aided institutions shall require such an examination of all inmates for whom state aid is given.

It shall be the duty of the Bureau of Health to prescribe forms for recording the findings in such examinations and for making such reports

as the statutes require, and to supply such forms to the appropriate institutions and persons.

Chapter 1, Section 315, P. L. 1933. Chapter 358, Section 37, P. L. 1943.

Regulation 23. Physicians to Report Delinquent Patients and to Inform Them of These Rules at the First Visit.

Section 1. Whenever a patient suffering from venereal disease shall stop treatment with a physician while he is liable in said physician's opinion to spread the disease, said physician shall report such delinquent person in writing to the Bureau of Health, giving the name, address and occupation, (Chapter 358, Section 37, P. L. 1943), unless he is notified within seven days that such patient is being treated by another physician.

Section 2. Every physician shall inform his venereal patients that they are liable to be reported by name to the Bureau of Health if they cease treatment before the physician assures them they are not infectious and may safely do so, or if they change doctors and the first doctor is not notified within seven days following such change. The physician shall also inform every venereal patient that he is liable to be quarantined by the local health officer if he refuses or neglects proper treatment while he is still contagious, or if he exposes another person to venereal disease.

Section 3. To avoid mistakes in such reporting of delinquent patients, every physician who treats a venereal case shall ask the patient at the first visit whether he has been recently treated by another physician and if this is the case, he shall at once notify the Bureau of Health.

Regulation 24. Duties of Local Health Officers in Venereal Disease Control.

Section 1. Local health officers may cause to be isolated, persons who have venereal diseases in a communicable stage when:

- (a) Such persons do not place themselves under medical care within seven days after having been notified by said officer to do so.
- (b) Such persons after beginning treatment neglect for a period of two weeks or more to take regular treatments until the physician certifies that they are cured or noninfectious.
- (c) Such persons conduct themselves in such manner that in the opinion of said officer spread of the disease is likely.
- (d) When a representative of the State Bureau of Health informs said local health officer that any one or more of the above circumstances prevails.

Section 2. Local health officers may quarantine any person who has been, within the time commonly known as the incubation period, in intimate personal contact with a case of venereal disease when:

- (a) Such persons do not place themselves under the care of a licensed physician within seven days after having been notified by said officer to do so.
- (b) Such persons fail to continue under medical care until the physician certifies that they are not infected, or if infected, the physician certifies that they are under regular treatment.
- (c) When a representative of the State Bureau of Health informs said local health officer that either or both of the above circumstances prevail.

Section 3. In establishing quarantine the local health officer shall designate and define the limits of the area in which the person known to have or reasonably suspected of having venereal disease is to be quarantined and no person other than the attending physician or immediate attendant shall enter or leave the area of quarantine without permission of the local health authority.

Section 4. Termination of quarantine. None but the local health officer shall terminate said isolation or quarantine, and this shall be done when the reasons for isolation or quarantine specified under sections 1 and 2 no longer exist.

Regulation 25. Spread of Venereal Disease Unlawful.

No person shall expose another person to any of the said venereal diseases, or perform an act which exposes another person to infection with venereal disease.

Regulation 26. The Patient Shall be Instructed.

It shall be the duty of every physician who examines or treats a person infected with venereal disease to instruct such person in measures for preventing the spread of such disease and to inform him of the necessity for treatment until cured, and the Bureau of Health shall supply circulars of information on venereal diseases which physicians may give to their patients.

Regulation 27. Prevention of Ophthalmia Neonatorum.

By virtue of the responsibility delegated by the legislature to the Department of Health and Welfare under Chapter 1, Section 185, P. L. 1933, a 1% solution of silver nitrate is hereby prescribed as the approved prophylactic solution to be instilled into the eyes of an infant immediately after birth by the physician, nurse or midwife in charge at any birth, unless either parent or guardian of the infant shall offer conscientious objections thereto.

Regulation 28. Druggists Forbidden to Treat Venereal Disease.

No druggist, or other person not a physician, licensed under the laws of this State, shall give, sell, prescribe, or recommend to any person any drugs, medicines, or other substances to be used for the cure or alleviation of syphilis, gonococcus infection, chancroid, granuloma inguinale or lymphogranuloma venereum or shall compound any drugs, or medicines for said purposes, from any written, or printed formula or order, except on prescription bearing date written, number of patient and signed by a physician licensed under the laws of this State, and no disposition of such medicines shall be made to formula or order, except on prescription bearing date written, number of patient and signed by a physician licensed under the laws of this State, and no disposition of such medicines shall be made to any other than the person identified in such prescription.

Every prescription filled by or for a druggist intended for the treatment of gonococcus infection, syphilis, chancroid, granuloma inguinale or lymphogranuloma venereum shall be held accessible at all times to any accredited representative of the State Department of Health and Welfare for the purpose of ascertaining that physicians and druggists are complying with the regulations for the control of venereal diseases; and no copy of such prescription shall be released by or for a druggist, except to an accredited agent of the State Department of Health and Welfare.

Note: Regulation by the State Commission of Pharmacy declares prescriptions for sulfa drugs non-refillable.

Regulation 29. Isolation and Quarantine Requirements Under Regulations of the Maine Dept. of Health and Welfare.
 Below are listed such of the notifiable diseases mentioned in Regulation 2 as are referred to in Regulation 1. Definition 7 together with statements of the required periods of isolation of the patient, the time and extent of such isolation, the period and extent of quarantine of persons who are contacts and whether or not the premises must be placarded.

<i>Disease</i>	<i>Minimum Period of Isolation of Patient</i>	<i>Minimum Period of Quarantine of Contacts</i>			<i>Placard</i>
		<i>Adults</i>	<i>Immune Children</i>	<i>Children not Immune</i>	
Actinomycosis	None	None	None	No	No
Anthrax	Until lesions are healed.	None	None	No	No
Chancroid	None, if under appropriate medical treatment and the patient's conduct is such that spread of the disease is not probable.	A person exposed through direct contact with a case of infectious chancroid shall be quarantined unless such person refrains from conduct which may spread the disease, and is under care of a licensed physician.	Same as adults.	Yes, if necessary in the control of uncooperative persons.	
Chickenpox	Until all crusts have disappeared, but not to exceed 14 days.	None	None	None	Yes, if patient is not properly isolated.
Cholera, Asiatic	Same as typhoid fever.	7 days from last exposure and until a negative stool is obtained.	Same	Same	Yes
Diphtheria	10 days from date of onset and thereafter until at least two successive negative cultures from both nose and throat taken at least 24 hours apart have been obtained, or, if Klebs-Loeffler bacilli are found, they show negative virulence by accepted tests.	Same as children.	If immune as shown by Schick test, none, provided they live away from home or the case is in a hospital, and if 2 consecutive negative cultures from both nose and throat taken not less than 24 hours apart have been obtained.	1 week when child lives in a house other than that where patient is ill and 2 consecutive negative cultures not less than 24 hours apart from both nose and throat have been obtained.	Yes

<i>Disease</i>	<i>Minimum Period of Isolation of Patient</i>	<i>Adults</i>	<i>Minimum Period of Quarantine of Contacts</i> <i>Immune Children</i>	<i>Children not Immune</i>	<i>Placard</i>
Dysentery, Amebic	None except for food handlers who shall be kept from handling food until 3 successive negative stool examinations at intervals of not less than 3 days apart shall have been obtained.	Adult food handlers who are contacts shall be under same rules as the case.	None	None	No
Dysentery, Bacillary	1 week after subsidence of clinical symptoms.	Food handlers, as long as they continue to live in same house with a case. If living in another house, until 3 negative stools taken not less than 24 hours apart have been obtained.	Same as typhoid fever.	Same as typhoid fever.	No
Encephalitis, Epidemic	1 week after onset, in screened room free of insects.	None	None	None	Yes, if patient is not properly isolated.
German Measles	None	None	None	None	No
Glanders	Until lesions are healed.	None	None	None	No
Gonorrhea	None, if under appropriate medical treatment and the patient's conduct is such that spread of the disease is not probable.	A person exposed through direct contact with a case of infectious gonorrhea shall be quarantined unless such person refrains from conduct which may spread the disease, and is under care of a licensed physician.	Same as adults.		Yes, if necessary in the control of uncooperative persons.
Granuloma Inguinale	Same as gonorrhea.	Same as gonorrhea.	Same as gonorrhea.	Same as gonorrhea.	Same as gonorrhea.

<i>Disease</i>	<i>Minimum Period of Isolation of Patient</i>	<i>Minimum Period of Quarantine of Contacts</i>			
		<i>Adults</i>	<i>Immune Children</i>	<i>Children not Immune</i>	<i>Placard</i>
Influenza	During acute stage of disease.	None	None	None	No
Keratoconjunctivitis, Epidemic	Until all acute symptoms have subsided and lesions healed.	None	None	None	No
Leprosy	Until disease is arrested.	None	None	None	No
Lymphogranuloma Venereum	None, if under appropriate medical treatment and the patient's conduct is such that spread of the disease is not probable.	A person exposed through direct contact with a case of infectious lymphogranuloma venereum shall be quarantined unless such person refrains from conduct which may spread the disease, and is under care of a licensed physician.	Same as adults.		Yes, if necessary in the control of uncooperative persons.
Measles	5 days from appearance of rash.	None, if they have had disease.	None	14 days from last exposure.	Yes, if patient is not properly isolated.
Meningitis, Meningococcal	14 days from onset and thereafter until acute symptoms have subsided.	None, if patient is properly isolated, or contact lives away from home, otherwise until patient is released from isolation.	Same	Same	Yes
Mumps	Not less than 1 week and until the swelling of salivary glands has subsided.	None	None	None	Yes, if patient is not properly isolated.
Paratyphoid fever	Same as typhoid fever.	Same as typhoid fever.	Same as typhoid fever.	Same as typhoid fever.	No

<i>Disease</i>	<i>Minimum Period of Isolation of Patient</i>	<i>Adults</i>	<i>Minimum Period of Quarantine of Contacts</i>		
			<i>Immune Children</i>	<i>Children not Immune</i>	<i>Placard</i>
Plague	1 week after subsidence of symptoms.	In pneumonic form, until 7 days have elapsed from last contact.	Same	Same	Yes
Pneumonia, Lobar	Until recovery.	None	None	None	No
Polionyelitis, Anterior (Infantile Paralysis)	2 weeks from onset of disease and until acute symptoms have subsided.	14 days from last exposure if occupation brings them into contact with children, and/or with food to be eaten uncooked. Otherwise none.	Until 2 weeks have elapsed from last exposure.	Until 2 weeks have elapsed from last exposure.	Yes
Psittacosis	Until recovery.	None	None	None	Yes
Rocky Mountain Spotted Fever	None	None	None	None	No
Scarlet Fever	3 weeks from onset, and thereafter until abnormal discharges shall have ceased.	Same basis as children.	If immune as shown by negative Dick test, or previous attack of the disease, none, provided they do not contact the case or attendant.	1 week when child lives in a house other than that where patient is ill.	Yes
Septic Sore Throat (Epidemic Sore Throat)	1 week after onset and until acute symptoms have subsided.	None, except milk handlers who shall be guided by Reg. 16.	Same as adults	Same as adults.	Yes, if patient is not properly isolated.
Smallpox	3 weeks from onset of disease, and until all crusts have disappeared and skin lesions healed.	3 weeks after last contact unless there is history of previous attack or recent vaccination.	Same as adults	Same as adults.	Yes

<i>Disease</i>	<i>Minimum Period of</i>		<i>Minimum Period of Quarantine of Contacts</i>		<i>Placard</i>
	<i>Isolation of Patient</i>	<i>Adults</i>	<i>Immune Children</i>	<i>Children not Immune</i>	
Syphilis, Infectious	A person with syphilis in the communicable period shall not engage in occupations of personal service, such as nurse, barber, hairdresser, manicurist, chiropodist, bath attendant, masseur, etc. He shall be isolated unless he presents evidence that he is under appropriate medical treatment, and unless his conduct is such that spread of the disease is not probable.	A person exposed to infectious syphilis by intimate personal contact shall be quarantined unless such person within 7 days presents evidence to a representative of the Bureau of Health or local health officer that he is under medical observation to determine whether or not he is infected. The period of observation in such cases shall be not less than three months unless a positive diagnosis has been made before the expiration of that period.	Same as adults.	Placard should be used when the local health officer or representative of State Bureau of Health believes it is necessary to prevent spread of disease by uncooperative persons.	
Trachoma	Exclusion from school and public places during acute stage.	None	None	None	No
Tuberculosis, Pulmonary	If not in a hospital or sanatorium a patient with positive sputum must live in separate quarters from others in the family, and all utensils used by the patient must be sterilized after each use. All unnecessary visiting by any persons is prohibited and patient shall not visit public places except by permission of local health officer after consultation with the state district health officer.	None	None	None	Yes, only if regulation is not observed by patient.

<i>Disease</i>	<i>Minimum Period of Isolation of Patient</i>	<i>Adults</i>	<i>Minimum Period of Quarantine of Contacts</i>		
			<i>Immune Children</i>	<i>Children not Immune</i>	<i>Placard</i>
Tularemia	During acute stage.	None	None	None	No
Typhoid Fever	Until 1 week after clinical symptoms subside. Thereafter to be under supervision of local health officer until 3 negative stool and urine cultures, secured at intervals of one week apart, have been obtained.	See Reg. 16.	None, after one negative stool specimen has been obtained.	No	No
Typhus Fever	In vermin free room until recovery.	In presence of lice, until 14 days after last exposure.	Same	Same	No
Vincent's Angina	Until infective lesions are healed.	None	None	None	No
Weil's Disease (Infectious Jaundice)	Until recovery.	None	None	None	No
Whooping cough	3 weeks from beginning of spasmodic cough.	None	None. Immunity may be assumed if record of previous attack is on file with local health officer, or on sworn statement of parent or guardian.	Until 2 weeks from last exposure.	Yes, if patient is not properly isolated.
Yellow Fever	In mosquito proof room for first 4 days of fever.	None	None	None	No

The above regulations supersede previous regulations relating to the same subject matter.

Penalties: Attention is called to the fact that penalties are provided for failure to comply with any order, rule or regulation of the Department or the Advisory Council. *See Chapter 1, Section 10, P. L. 1933.*

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Information for Convenient Reference Concerning Periods of Incubation of Certain Diseases

In attempting to trace, control or prevent epidemics, it is important to have in mind the time which usually passes after the infection is received into the system, until the first symptoms appear. This interval required for the multiplication and development of the infectious agent after it enters the body, called the period of incubation, is more or less constant for each disease. The following gives the period of incubation in the diseases named:

Chickenpox, 14 to 21 days.

Diphtheria, 2 to 5 days, maybe 7.

Dysentery, usually about 3 days.

German measles, 2 to 3 weeks.

Measles, 10 to 14 days.

Mumps, 14 to 21 days.

Scarlet fever, 2 to 7 days.

Septic sore throat, 1 to 4 days.

Smallpox, 8 to 16 days.

Typhoid fever, 1 to 3 weeks.

Whooping cough, 4 to 14 days.

The foregoing is a statement of the usual periods of incubation to the first of the symptoms, and not to the appearance of the eruption in the eruptive diseases. In exceptional cases, the period of incubation may be more prolonged.



